



Supporting Women who are Victims & Engaging
Men who use violence to seek Help

ADDRESSING FAMILY VIOLENCE

A photograph of a sandy beach with several footprints in the sand, receding into the distance. The sand is a warm, golden-brown color, and the footprints are slightly indented, showing the texture of the sand. The background is a soft, out-of-focus view of the ocean and sky.

Acknowledgement of Country

FAMILY VIOLENCE QUIZ

- What is the greatest risk factor for experiencing Family Violence?
 - a. Poverty
 - b. Race
 - c. Religion
 - d. Gender

- When is a woman who leaves Family Violence in most danger of being killed?
 - a. when the user of violence is drinking
 - b. when she fights back
 - c. when she attempts to leave
 - d. all of the above

- What is the leading contributor to preventable death, disease and disability in Victorian women 15 – 44 years of age?
 - a. Smoking
 - b. Obesity
 - c. Intimate Partner Violence

Objectives

- Overview of the prevalence and health impacts of intimate partner violence
- Highlight the important role of General Practitioners in addressing intimate partner violence as part of broader community responses
- Provide information about identifying family violence and responding to disclosures about family violence

Health & Human Rights Issue

- Violence against women is well recognised as a serious and prevalent health & human rights issue requiring our priority attention .
 - violation of women's human rights
 - widespread in our community
 - has serious social, economic & health consequences

What is Male Family violence?

- *Male family violence occurs in the context of intimate relationships.*
- *It's a pattern of coercive control that one person exercises over another in order to dominate and get his way. It is behaviour that physically harms, arouses fear, prevents a person from doing what she wants, or compels her to behave in ways she does not freely choose.*

No To Violence (2006) Standards & Guidelines for Men's Behaviour Change Programs

What is Male Family Violence

- *Family violence can occur in many different kinds of intimate relationships...*
- *Most frequently however, family violence is perpetrated by men against women and children. Male family violence is an expression of gendered power; that is, the power that men-individually and collectively-have over women and children.*

No To Violence (2006) Standards & Guidelines for Men's Behaviour Change Programs

- *Watch HURT DVD: Types/control/cycle*

Women Experience High Levels of Intimate Partner Violence in Australia

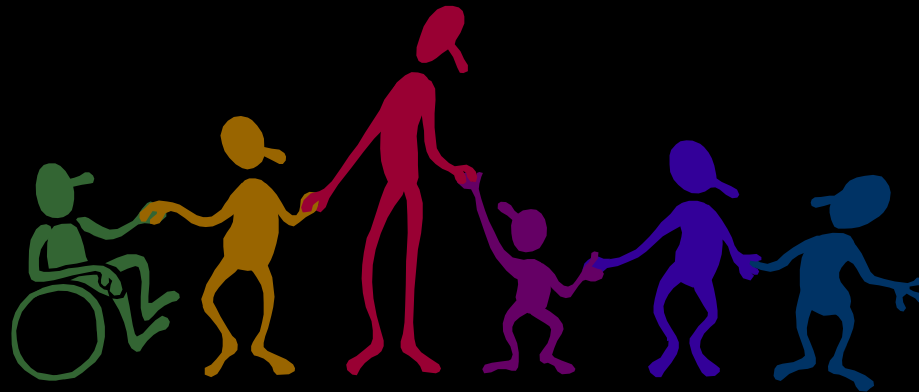
- Since the age of 15 years
 - 1 in 3 Australian women had experienced physical violence
 - 1 in 5 women had experienced sexual violence

The Australian Bureau of Statistics, Safety Survey (2006)

DIVERSITY AS A FACTOR IN FAMILY VIOLENCE

Particular women are more vulnerable than others to Family Violence due to life circumstances

- Elderly
- Disabled
- Indigenous
- Women from culturally diverse backgrounds
- Rural woman
- Mental health issues



Serious Public Health Issue

- Vic Health (2004) found that intimate partner violence was the leading contributor to preventable disease, disability and death of Victorian women under the age of 45 years.
- These effects were found to be wide-ranging severe and persistent
- http://www.rch.org.au/emplibrary/wellwomens/LOTL_DeBasinski.pdf

Health Outcomes

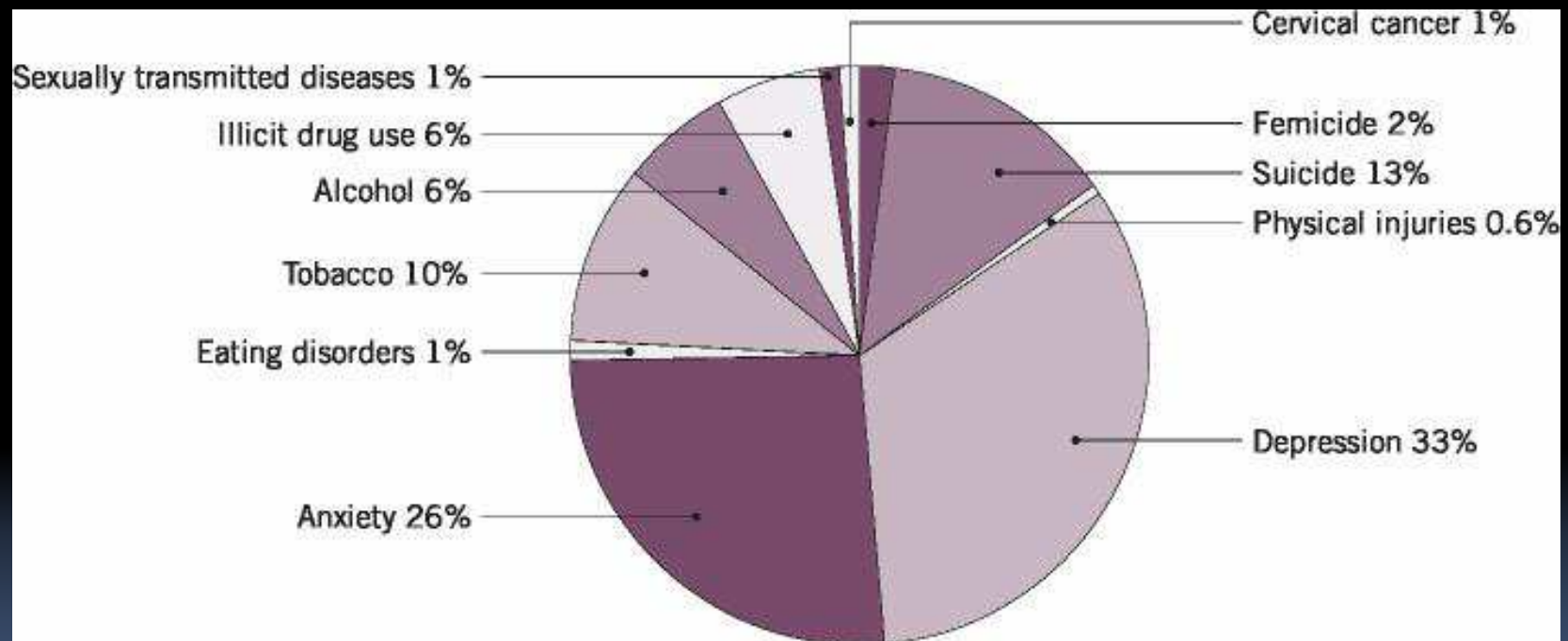


Figure 1: Health outcomes contributing to the disease burden of intimate partner violence in Victorian women.

Top 8 Risk Factors

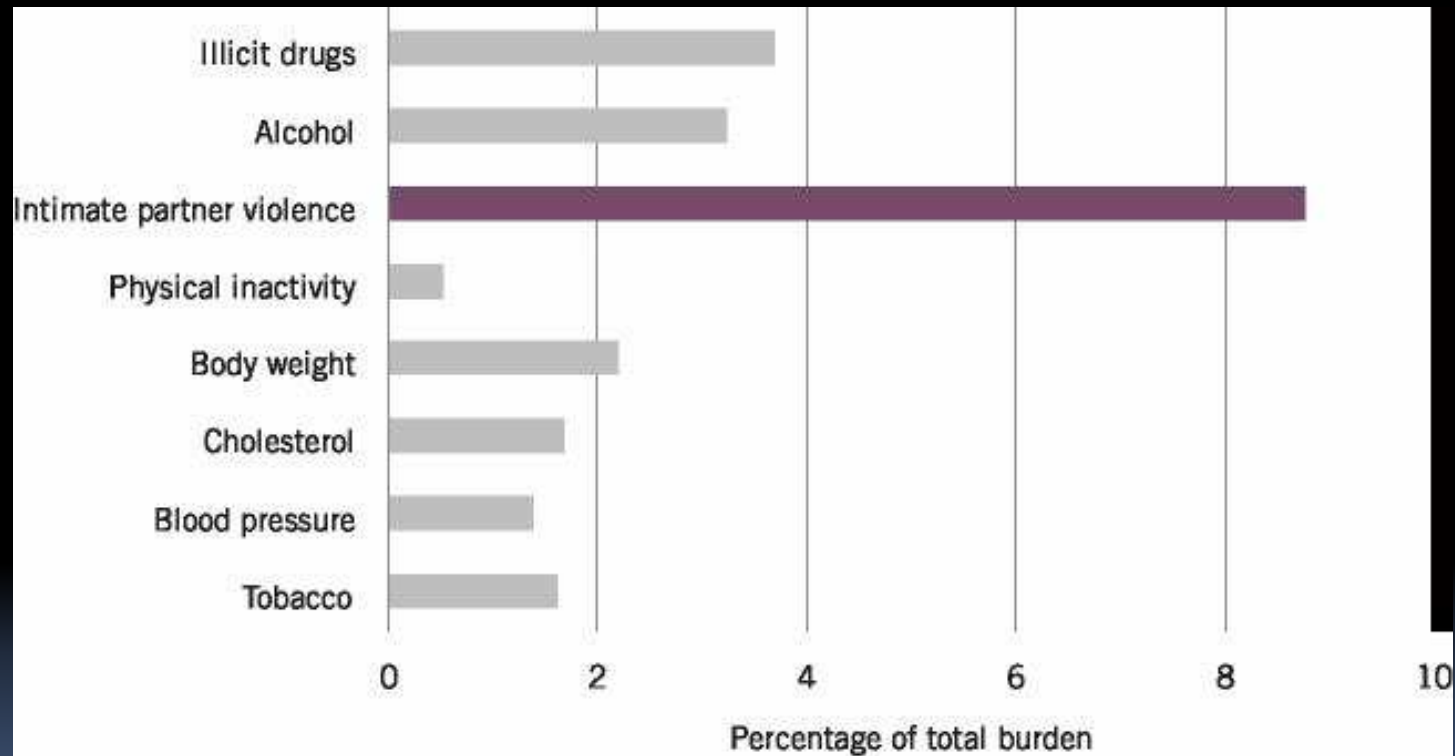


Figure 2: Top eight risk factors contributing to the disease burden in Victorian women aged 15–44 years

Depression & Anxiety

- Evidence suggests a casual relationship between violence and subsequent depression & anxiety
- May coexist with other psychological disorders, somatic complaints, altered health behaviour and physical disorders
- PTSD
- Suicide

Substance Abuse

- Can be understood as a way of coping with the psychological effects of violence
- Compromises both physical and psychological health further
- Puts women at risk of further victimisation
- Prolonged psychological stress after trauma puts women at risk of negative health behaviours (smoking, drinking, drug use, unsafe sex)

Violence & Reproductive Functioning

- Pregnancy is a time of heightened risk
- 42% of women who said they experienced violence were pregnant at the time of the violence (ABS Safety Survey, 2006)
- 20% reported violence occurred for the first time when they were pregnant (ABS Safety Survey, 2006)
- Some studies suggest the abdomen is targeted more frequently and more severely in pregnant women
- Higher rates of unwanted and unplanned pregnancies for women experiencing violence

Compounding effects on health outcomes

- Cyclic nature of violence in relationships
- Different forms of violence occur together exacerbates the potential trauma
- Becoming a victim of violence significantly increases the likelihood of experiencing further violence
- Severity of abuse correlates with the severity of psychological distress and subsequent mental and physical health problems

The role of GP's

General Practitioners are the major professional group to whom women experiencing family violence turn.

Identifying and responding to family violence : A Guide for General Practitioners

http://www.canningdivision.com.au/cdgp_docs/fdv/A%20guide%20for%20GPs.pdf

Barriers to Reducing the Impact on Women's Health

- Women are less likely to present to mental health settings or victim services after an incident of violence
- Low rates of detection by health professionals
- A failure to screen and refer appropriately will increase the complexity of negative health outcomes
- Limiting the treatment to the symptoms is ineffective especially when assaults may reoccur

Why Women Don't Tell

- Women are often reluctant to disclose abuse because of fear or shame, or because they think that they won't be believed.
- In an Australian survey the commonest reason why violence was not disclosed was that the doctor did not directly ask about such experiences

Women do not generally present with obvious physical

- Some signs of physical violence may include:
 - Bruising in chest and abdomen
 - Multiple injuries
 - Minor laceration
 - Injuries during pregnancy
 - Ruptured eardrums
 - Delay in seeking medical attention
 - Patterns of repeated injury

Victims Present with a Broad Range of Symptoms

- Anxiety and panic attacks;
- Stress related illness;
- Drug abuse, including dependency on tranquillisers & alcohol
- Chronic headaches, asthma, vague aches and pains;
- Abdominal pain, chronic diarrhoea;
- Complaints of sexual dysfunction, vaginal discharge;
- Joint pain, muscle pain;
- Sleeping and eating disorders;
- Suicide attempts, psychiatric illness; and
- Gynaecological problems, miscarriage, chronic pelvic pain

Other Indicators

- Appear nervous, ashamed or evasive
- Describe her partner as controlling or prone to anger
- Seem uncomfortable or anxious in the presence of her partner
- Be accompanied by her partner, who does most of the talking
- Give an unconvincing explanation of the injuries
- Have recently been separated or divorced
- Be reluctant to follow your advice
- Present with children, though little seems to be wrong with them

Asking women about violence

Broad questions might include:

- How are things at home?
- How are you and your partner getting on?
- Is there anything else happening that might be affecting your health?

Specific questions linked to clinical observations

- You seem very anxious and nervous. Is everything all right at home?
- When I see injuries like this I wonder if someone could have hurt you?
- Is there anything else that we haven't talked about that might be contributing to this condition?

Some more direct questions

- Are there times when you are frightened of your partner?
- Are you concerned about your safety or the safety of your children?
- Does the way your partner treat you make you feel overwhelmingly unhappy or depressed?
- I think that there may be a link between your (insert illness) and the way your partner treats you. What do you think?

Responding to disclosures

- **Listen**
 - Being listened to can be an empowering experience for a woman who has been abused.
- **Communicate belief**
 - *"That must have been very frightening for you."*
- **Validate the decision to disclose**
 - *"It must have been very difficult for you to talk about this."*
 - *"I'm glad you were able to tell me about this today."*
- **Emphasise the unacceptability of violence**
 - *"Violence is unacceptable. You do not deserve to be treated this way."*

Avoid suggesting the woman is responsible

Do not ask –

- *"Why do you stay with a person like that?"*
- *"What could you have done to avoid this situation?"*
- *"Why did he hit you?"*

Assess her Safety

- Speak to the woman alone.
- Does she feel safe going home after the appointment?
- Are her children safe?
- Does she need an immediate place of safety?
- Does she need to consider an alternative exit from your building?
- If immediate safety is not an issue, what about her future safety? Does she have a future plan of action if she is at risk?
- Does he have weapons?

Safety Planning

- Does she need to seek an intervention order?
- Does she have emergency telephone numbers? (Police, Women's Domestic Violence Helpline, Crisis Care)
- Help make a safety plan. (Where would she go if she had to leave? How would she get there? What would she take with her? Who are the people she could contact for support?)
- Document these plans for future reference.

Responding to Men

- Consider the safety of women & children
- Support his accountability and responsibility by statements such as:

"That was brave of you to tell me. Sometimes people who are stressed hurt the people they love. However, violent behaviour towards your partner and other family members is not acceptable. It not only affects your partner but your children as well. Did you know there are services that may be able to assist you?"

Avoid Collusion

- Men who use violence tend to
- Minimise
- Blame
- Deny
- Justify their use of violence

If you suspect violence

- Ask broad questions
 - *"How are things at home?"*
- If you are seeing both partners be alert to her safety. Do not ask without her prior consent.
- If there is a disclosure, ask more specific questions
- Relationship counselling is not recommended where physical violence is present due to safety

Family Violence Services for Women & Children

- Ballarat Community Health - 5338 4500
 - counselling
- Centre Against Sexual Assault – 53203933
 - counselling
- Lisa Lodge S.O.S - 1800 015 188 (after hours)
 - Crisis after hours
- W.R.I.S.C. - 5333 3666
 - Case management support & counselling

Family Violence Services for Men

- Child and Family Services (CAFS)
 - Ballarat 5337 3333
 - Bacchus Marsh 53671588
 - Daylesford 53488200

 - CAFS Men's Behaviour Change Program
 - Men's Case Management
 - Men's Emergency Accommodation

Courts, Police & Legal Services

- Family Violence Court - 53366200
 - Ballarat Magistrates Court
 - Court services to support victim and assist the user of violence
- Community Legal Centre 5331 5999
- Victorian Legal Aid 533
- Police - 5336 6000
 - Family Violence Unit
 - Police Family Violence Advisor & Liaison officers